



Attorney's Docket No.: 10276-085001

Client's Ref.: JDP-077

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled RETINAL IMAGING SYSTEM, the specification of which:

- ☐ is attached hereto.
☒ was filed on December 10, 2003 as Application Serial No. 10/732,822.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Louis Myers, Reg. No. 35,965
Leda Trivinos, Reg. No. 50,635
Paul A. Pysher, Reg. No. 40,780

Laurie Butler Lawrence, Reg. No. 46,593
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Direct all telephone calls to PAUL A. PYSHER at telephone number (617) 521-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: JOSEPH ZELVIN

Inventor's Signature: _____

Date: _____

Residence Address: 64 Elm Avenue, Larchmont, NY 10538

Citizenship: United States

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Full Name of Inventor: SVEN-ERIK BURSELL

Inventor's Signature: _____

Date: 5/6/04

Residence Address: 1446 Beacon Street, Newton, MA 02468

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Combined Declaration and Power of Attorney

Page 2 of 2 Pages

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Inventor's Signature: _____

Residence Address: 64 Elm Avenue, Larchmont, NY 10538

Citizenship: United States

Post Office Address: 64 Elm Avenue, Larchmont, NY 10538

Date: _____

5/7/04

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